

Incorporated December 30, 1887

**Department of Police**  
**BOROUGH OF MANASQUAN**

201 East Main Street  
Manasquan, NJ 08736-3004  
732-223-1000 x 223 732-223-0587 Fax

MICHAEL C. BAUER, Chief of Police  
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**"OPERATION REASSURANCE"**

**Resident Information:**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ (optional)

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the appropriate statement (s):**

\_\_\_\_\_ I live alone

\_\_\_\_\_ I am a disabled/handicapped person. Please describe condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I live with a disabled/handicapped person. Please describe condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ We are both disabled/handicapped persons. Please describe condition \_\_\_\_\_

\_\_\_\_\_

**In case of emergency contact:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is key to your house available from a neighbor, friend, or relative? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

**Vehicle Information:**

License Plate Number: \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ Where is car usually parked? \_\_\_\_\_

**Medical Information:**

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any other information which would help us to help you. \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_